



Jaktol Day Centers

Day Centers with a Difference



Day Centre Service User's Application Form

November 2021



Jaktol Day Centers

Introduction from the Manager

Dear service user,

Thank you for your interest in Jaktol Day Centers.

We are a Day Centre with a difference, based in the London Borough of Havering. We provide day services for people with learning disabilities and autism. We encourage all our Service Users to lead an independent and fulfilling life by giving as much support as each individual needs.

We provide a safe, relaxed, and friendly environment for our service users by promoting social skills and confidence building. We are driven to 'see the person' in everything we do, we make sure the people we support have choices and get the support they need to fulfil their potential and gain greater independence.

We look forward to you joining us!

Ola

Day Centre Manager

Carers Welfare Service

This is the most recent service to be established and offers support to carers up to the age of 50. It provides 1-1 support and social events to help support parents and family carers and give them a break. The service is aimed at helping carers find the right services and support. Issues can include difficulties at school or college, housing problems, parenting and disability related issues, health and social care provision, and transport difficulties. Home visits are made by appointment or clients can visit the main office. In addition, coffee and lunch time get-togethers are being planned and in the future outings will be arranged.

Monday Evening Social Club

A social club, for adults of all ages with a learning disability, providing leisure activities such as snooker, darts, sewing, tabletop activities, music and special events such as discos and barn dances. The Monday Club meets every Monday evening except for Bank holidays and the summer break.

Holiday Club

The club provides an opportunity for children and young people to make friends, try new activities, learn new skills, and build their confidence, but most importantly, to have fun in a safe environment.

The club offers a wide range of educational and fun activities which will vary over the school holiday.



Discos

Jaktol Day Centers Discos are run approximately once every 2 months, and attract people with learning disabilities and autism, plus their carers.



For more information visit our website where you will find copies of our recent newsletters.

www.jaktoldaycenters.org.uk or ring Ola, our Operations Manager on

01708 837101

Service User Application Form

Please Note:

If you need help in completing this form, please tell us and we will arrange assistance. The information you give on this form helps us to decide if we can meet your needs for the foreseeable future.

It is important that you (or somebody who is helping you):

- *Complete the form as fully as you can.*
- *Provide accurate information.*
- *Read the enclosed literature, brochure or other paperwork and understand the services we can offer.*
- *Sign the form.*

We will contact you, within three working days of receiving the completed form, to let you know what action we plan to take.

If your answer will not fit in the space provided, please use a separate sheet.

Personal Details	
Surname:	Mr, Mrs, Miss, Ms or other title
First name:	Date of Birth
Preferred method of address (title, first name, nickname):	
Current home address:	
Postcode:	Telephone no:
When and how is the best time to contact you? (e.g., telephone in the morning, by letter, etc)	
GP's Name:	GP's Address:
Next of kin or the person who will deal with your affairs	
Name:	
Address:	
Postcode:	Telephone no:
Relationship:	

Any drug allergies?	Yes	No	Please list:
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Cognition				Date:	Date:	Date:
Is there DOLS in place?	Yes		No	Change:	Change:	Change:
Is there history of challenging behaviour?	Yes		No			
Provide detail:				Details:	Details:	Details:
Are there any safeguarding concerns?	Yes		No	Date:	Date:	Date:
Comments/Actions:				Change:	Change:	Change:
				Details:	Details:	Details:
Needs one to one care?	Yes	No	Comment:			

Were there any recurrent episodes of illness identified from the reasons for hospital admission or recent GP visits?			Date:	Date:	Date:
Reasons:			Reason:	Reason	Reason
Past medical history:					
Does the person have an agreed GP Management Plan?			Outcome:	Outcome:	Outcome:
			Date:	Date:	Date:
		Yes	No		

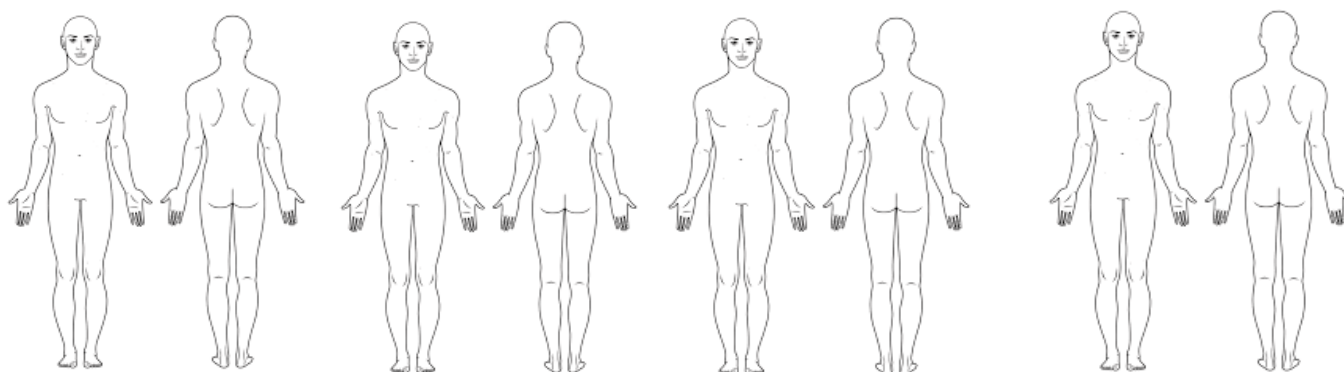
Any other recent illness or treatment that did not require hospital admission?	Date:	Date:	Date:
	Reason:	Reason:	Reason:
If yes, please list the long -term conditions?	Outcome:	Outcome:	Outcome:

Medications			Date:	Date:	Date:
Please attach current copy MAR sheet. Please list any other herbal/homeopathic preparations not on MAR sheet:			Change:	Change:	Change:
Can the service user swallow their medications?	Yes	No	Details:	Details:	Details:
If no, how is this managed?			Date:	Date:	Date:

Skin Integrity			Date:	Date:	Date:
Waterloo: Latest Pressure Ulcer Risk Assessment	Date:		Change:	Change:	Change:
Low/Medium/High			Details:	Details:	Details:
Is skin intact?	Yes	No	Date:	Date:	Date:
Provide detail:			Date:	Change:	Change:
Existing pressure areas reported?	Yes	No			
Details					

Are there any wounds?	Yes	No
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Please indicate where wound is located using the body map below:



Nutrition			Date:	Date:	Date:	
Any swallowing problems?			Change:	Change:	Change:	
Can they feed themselves? Are they slow to eat? On supplements? :						
		Yes	No	Details:	Details:	Details:
Comments:			Date:	Date:	Date:	

Continence				Date:	Date:	Date:
Please tick:	Constipation	Faecal incontinence	Stoma	Change:	Change:	Change:
	Urinary incontinence	Catheter	Size:	Details:	Details:	Details:
	How is incontinence being managed?			Date:	Date:	Date:

About Any Assistance You Need		
please tick the statements that apply		
I am fully mobile	I sometimes need help	I am not mobile
I walk unaided	I walk with stick or frame	I use a wheelchair to get around
I am generally in good health	I am not always in good health	I have ongoing medical needs
I don't take medication very often	I take medication but look after it myself	I would like help with my medication

Tick The Activity You Are Most Interested In:			
Social and Communication skills		Basic IT Skills	
ASDAN Courses		Music	
Creative Art Skills		Photography	
Cookery		Sensory / Outdoor activity	
Film making		Employability	

Declaration

The information on this form is, as far as I am aware, accurate. I realise that Jaktol Day Centers can only create an effective plan of care/support which meets my needs if it has the necessary information available to base it upon.

Signature

Date.....

OR

Signed on behalf of: (please print name)

.....

By: (please print name)

.....

Signature:

Date:

Relationship to applicant:

.....